

Punched  
Verified

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

0999

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1946

BIRTH NO.

4 27  
OF DEATH  
5 AND 45  
AL RESIDENCE  
0706

1. PLACE OF DEATH A. COUNTY <b>Yavapai</b>		B. LENGTH OF STAY IN THIS TOWN <b>15</b> IN ARIZONA <b>days</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		REGISTRAR'S NO. <b>1946</b>	
C. CITY OR TOWN <b>Prescott</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Wickenburg</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Yavapai County Hospital</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>P.O. Box 1073</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) <b>George Edward Braford</b>		A. (FIRST) <b>George</b> B. (MIDDLE) <b>Edward</b> C. (LAST) <b>Braford</b>		4. SEX <b>M</b>		5. COLOR OR RACE <b>White</b>	
6B. NAME OF SPOUSE <b>Bernice L. Braford</b>		7. DATE OF BIRTH MONTH <b>June</b> DAY <b>25</b> YEAR <b>1918</b>		8. AGE (IN YEARS) LAST BIRTHDAY <b>12</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Construction Worker</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>Highway</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Wisconsin</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>No</b>	
14A. FATHER'S NAME <b>George Braford</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Wisconsin</b>		15A. MOTHER'S MAIDEN NAME <b>Josephine Moon</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Wisconsin</b>	
16. INFORMANT'S SIGNATURE <b>Wife Bernice Braford P.O. 1073 Wickenburg, Ariz.</b>				17. DATE OF DEATH (MONTH) <b>January</b> (DAY) <b>23</b> (YEAR) <b>1960</b>			

DECEASED  
PERSONAL  
DATA

160  
1980  
CAUSE  
OF  
DEATH  
ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) <b>Adenocarcinoma of Cervical Uterus</b> DUE TO (B) <b>with Cervical Involvement</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

OPERATIONS,  
AUTOPSY

MEDICAL  
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Jan. 15</b> <b>60</b> TO <b>Jan. 23</b> <b>60</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Jan. 22</b> <b>60</b> AND THAT DEATH OCCURRED AT <b>2:00</b> <b>A.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE <b>W. L. Brown</b> (DEGREE OR TITLE) <b>M. D.</b>		22B. ADDRESS <b>Prescott, Arizona</b>	
22C. DATE SIGNED <b>1-25-60</b>			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
23C. (CITY OR TOWN) (COUNTY) (STATE)			
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
23F. HOW DID INJURY OCCUR?			

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>1-25-60</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Removal</b>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Wickenburg, Arizona</b>		26A. DATE REC. BY LOCAL REG. <b>1-25-60</b>		26B. REGISTRAR'S SIGNATURE <b>Blanche Lewis-Sperry</b>	
26C. FUNERAL DIRECTOR'S SIGNATURE <b>Edw. J. Adams</b>		26D. ADDRESS <b>Prescott, Arizona</b>		26E. EMBALMER'S CERT. NO. <b>361-A</b>	

FUNERAL  
DIRECTOR  
AND  
GISTRAR